

**REPORTING TIME AND
ATTENDANCE OF EMPLOYEES**

5.A. T&A Forms Or Substitutes

Keeping records of time and attendance for each employee is required both to satisfy good auditing controls and to comply with requirements of the Federal Government under the provisions of the Fair Labor Standards Act. A part of these requirements dictate that time records be kept on a daily basis. In addition, the time records must have both the employee's and the employee's supervisor's original signatures certifying to the accuracy of the time reported. In order to simplify and standardize these requirements, an employee time reporting form was developed for use in state government. This form provides a simple format for reporting both hours worked and leave hours used each day, and allows for totaling the hours each pay period. In addition, the form was developed to provide for both the employee and the supervisor signature, with optional initialing by the supervisor of leave time used.

These forms are printed for each employee, at the agency's request, each pay period. The information which is printed includes the employee's company number, organization number, name, social security number, overtime status, pay type, shift code, labor distribution number, grant accounting data (if appropriate) and pay period ending date. The forms can be sorted in the print program either by organization number or check distribution number. This allows the agency to have the timesheets sorted for ease of distribution.

No state agency is required to use the statewide time and attendance form. A substitute developed by the agency may be used. However, any substitution must provide for daily reporting, employee signature and supervisor signature.

Again, to simplify the data entry function of time reporting, a unique computer system was designed to be used with the statewide time and attendance form. This system, the Payroll Time and Labor (PTL) System, was designed and implemented in 1984. This system is covered in Section 3 of this Chapter. By using both the statewide time and attendance form and the PTL System, recording and entering T&A data can be almost error-free.

5.B. 700 and 900 Transactions

Two types of transactions are used to report time and attendance data. These transactions are different in that one is for reporting regular work hours, the other for reporting special hours. They are similar in that they both are necessary for correct reporting and generation of paychecks. Agencies that use PTL will have many of these transactions created for them from the time sheet data they enter. Agencies that do not use PTL will use these transactions each pay period for time reporting.

The 700 transaction is required for employees who are time-card required. In most agencies, these people are the hourly employees whose hours worked may vary and for per-diem employees, such as board members, who don't necessarily work every month. This transaction is used to report hours actually worked. This is not the same as hours to be paid. Overtime hours for which the employee is to receive straight time or time and a half pay are also reported on the 700 transaction. Leave and other type special hours are reported on the 900 transactions.

The 900 transactions are used for reporting of all types of special pays which are not covered by the 700 transaction. Special pays include a wide range of reporting items. They include tips, leave without pay, holiday pay, employer-provided vehicle value, blood donation leave, court and jury leave, compensatory hours earned, comp leave used, comp leave paid at termination, block 50 payments, sick leave used, annual leave used, annual leave termination pay, shift pay and retro pay. The specific codes and a complete list of the special pays is found in Chapter 8 with the transactions.

5.C. PTL

Revised 10-01-99

PTL (Payroll Time and Labor) is an online time reporting system. The screens in this system match the statewide time and attendance form used by most agencies in state government. This file allows the payroll officer or timekeeper to enter the time reported each pay period. The file is organized alphabetically within organization number. There are many edits performed on line by PTL. These edits include such checks as if the leave hours reported are more than the employee's leave balance, if overtime is reported on an employee who is not eligible for overtime pay, or if the number of hours reported are in excess of the hours in the pay period. A complete manual on the operation of PTL is available from the Personnel Cabinet, Payroll Audit and Assistance Section. Training is also available from this same group.

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UPDATE      MODE  COMMONWEALTH OF KENTUCKY-EMPLOYEE TIME REPORTING  PP: 03-2
CC DDD DD BB SS UU      DOE      JANE      P      0 NNN NN NNNN
ANNL:      SICK:      C-TIME:      OTS:  PT:  SHC:  TCS:
ORG      PBU      FUN      ACT      FCT      PROJECT  SO  SOG REPC      TERMINI      ES:1
01UA      0000      0000
REG HRS* 1.0 COMP 1/5 * OVT/PAY LEAVE ANNUAL SICK      COMP      HOLID      LWOP
                        HOURS
                        910      930      1.5      920      918      913      903      902
OTHER LV HRS:      9      :      9      925      926      924      928
REG:      OT:      ORG:      PBU:      FUN:      ACT:      FCT:
SB:      PJ:      SO:      TR:      RP:

REG:      OT:      ORG:      PBU:      FUN:      ACT:      FCT:
SB:      PJ:      SO:      TR:      RP:

REG:      OT:      ORG:      PBU:      FUN:      ACT:      FCT:
SB:      PJ:      SO:      TR:      RP:

REG:      OT:      ORG:      PBU:      FUN:      ACT:      FCT:
SB:      PJ:      SO:      TR:      RP:

TIPS 1:
UP NEXT      END OF COST CENTER
221 EMPLOYEE HAS 0 ADDITIONAL RECORDS
ENTER=BALANCE; PF5=SKIP; PF6=SEND; PF7=ADDL T&L;      PF11=SCROL

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5.D. One-Time Adjustments to Deductions

Occasionally it is necessary to change an employee's deduction(s) for one pay period. This change is done with an 800 transaction. With this transaction there are three capabilities. The first is to override the normal deduction amount. The second is to take the normal amount plus an additional amount entered on the 800 transaction. The third is to take the normal amount minus the amount entered on the 800 transaction. This transaction is processed with 700 and 900 transactions and does not actually change the deduction in the payroll record. It only effects the deduction during this one payroll cycle. Changes of a permanent nature should be done on a 225 transaction. In addition, an 800 transaction can only be processed for a deduction that has already been established in the employee's payroll record. (See Chapter 8 for transaction format and field descriptions.)

5.E. Special Situations

Revised 06-01-99

- E.1 How to Pay On-Leave Employees.** Employees who go on leave (via P-1) during a pay period for which they are entitled some amount of pay must be treated as unique cases. In most cases, the following instructions will appear to break the payroll rules you have used up to this point. Remember, this section deals with "On-Leave" employees only (those people with an Employment Status of "2" and a Start Leave Date in their Master Record).

1. For an employee due "Regular Pay"—pay for hours actually worked, enter a 700 as follows:

EMPLOYEE NO										TCD	TRANS NO.		SH	AMT	DED	FROM DATE				TO DATE				REGULAR HOURS			
6									15	16	17	19	29	30	31	33			36	37			40	43			47
										X	700																

OVERTIME HOURS		REGULAR RATE/AMT				OT	OVERTIME RATE/AMT				MARS CODE				ADJ	JC		
											ORG		PBU	FUND				
48	51	52			58	59	60			64	65	68	69	72	73	76	79	80

- A. (COLUMNS 6-15). Enter the employee's employee number.
- B. (COLUMN 16). Enter 'X' or the actual TCD number.
- C. (COLUMNS 29-31). Leave blank.
- D. (COLUMNS 33-36). Enter the beginning of the pay period date as MMDD. (Example: October 1=1001).
- E. (COLUMNS 37-40). Enter the day before the employee's "START LEAVE DATE" as MMDD. (Example: If the employee goes on leave October 5, enter 1004).
- F. (COLUMNS 43-47). Enter the hours worked as a 2 decimal place number, right justified.
- G. (COLUMNS 48-51). Leave blank.
- H. (COLUMNS 52-58). For a salaried employee, enter the employee's pay period hourly rate as a 5 decimal place number. (Example: Employee makes \$1,457.50 semi-monthly and pay period has 75.0 hours. Divide \$1,457.50 by 75.0=\$19.43333. Enter 1943333, right justified.)
- I. (COLUMNS 52-58). For an hourly employee, enter the employee's hourly rate as a 5 decimal place number.
- J. (COLUMNS 59-64). Leave blank.

5.E. Special Situations

Revised 02-01-2000

K. (COLUMNS 65-76). MARS Code

(COLUMNS 65-68) ORG - If the employee will charge hours worked to a different Organization than is in his Master, enter the "new" Organization here. It will be a four character code. Otherwise, leave blank.

(COLUMNS 69-72) PBU - If the employee will charge hours worked to a different Primary budget Unit than is in his Master, enter the "new" PBU here. It will be a four character code. Otherwise, leave blank.

(COLUMNS 73-76) FUND - If the employee will charge hours worked to a different Fund than is in his Master, enter the "new" Fund here. It will be a four character code. Otherwise, leave blank.

L. (COLUMNS 79-80). Leave blank.

2. For an employee due regular pay and leave pay, enter a 700 as indicated in #1 above and a 900 as follows:

EMPLOYEE NO										TCD	TRN	PAY NO		TAX	DE D	CHK	FROM DATE		TO DATE		SPECIAL PAY HOURS	
6 15										16	17	18	19	30	31	32	33	36	37	40	43	47
X										9												
A										B		C		D		E		F		G		

SPECIAL PAY RATE/AMT					AMT	MARS CODE										ADJ
						ORG		PBU		FUND						
52 58					59	65	68	69	72	73	76	79				
H					I	J						K				

- A. (COLUMNS 6-15). Enter the employee's employee number.
- B. (COLUMN 16). Enter 'X' or the actual TCD number.
- C. (COLUMNS 18-19). Enter special pay number.
- D. (COLUMNS 30-32). Leave blank. (NOTE: No 4 in 30!).
- E. (COLUMNS 33-36). Enter the beginning of the pay period date as MMDD.
- F. (COLUMNS 37-40). Enter the day before the employee's "START LEAVE DATE" as MMDD.
- G. (COLUMNS 43-47). Enter the Special Pay hours as a 2 decimal place number, right justified.
- H. (COLUMNS 52-58). Enter the employee's hourly rate as a 5 decimal place number, right justified.
- I. (COLUMN 59). Leave blank.

5.E. Special Situations

Revised 06-01-99

J. (COLUMNS 65-76). MARS Code

(COLUMNS 65-68) ORG - If the employee will charge hours worked to a different Organization than is in his Master, enter the "new" Organization here. It will be a four character code. Otherwise, leave blank.

(COLUMNS 69-72) PBU - If the employee will charge hours worked to a different Primary budget Unit than is in his Master, enter the "new" PBU here. It will be a four character code. Otherwise, leave blank.

(COLUMNS 73-76) FUND - If the employee will charge hours worked to a different Fund than is in his Master, enter the "new" Fund here. It will be a four character code. Otherwise, leave blank.

K. (COLUMN 79). Leave blank.

3. For an employee due leave pay only, enter a 900 (or 900's) as indicated in #2 above.

4. For an employee not due any pay for this pay period, enter no transactions.

E.2 Terminated Employees. An employee showing on the P-1 list as resigned (or has been terminated by the payroll officer) must have a 700 and/or 900 Transaction prepared in order to be paid, regardless if the employee is salaried or hourly.

UPPS considers the terminated employee's pay period to be from the first day of the pay period through the date of termination. Reporting should include the hours worked, the leave used, or leave without pay for the hours in the terminated employee's pay period. Do not enter a 902, Leave Without Pay, for the days following the employee's termination date.

The following procedures are for paying regular and/or leave hours for employees who terminate during the current pay period.

Terminated Salaried Employees:

Regular Hours Worked:	Enter 700 Transaction with hours worked only.
Leave Hours Only:	Enter 9XX Transaction, "4" in Column 30, and leave hours used.
Regular Hours Worked and Leave Hours Used:	Enter 700 Transaction with regular hours, 9XX Transaction with "4" in Column 30, and leave hours used.

Terminated Hourly Employees:

Regular Hours Worked:	Enter 700 Transaction with hours worked.
Leave Hours Only:	Enter 9XX Transaction, no "4" in Column 30, and leave hours used.
Regular Hours Worked and Leave Hours Used:	Enter 700 Transaction with regular hours, 9XX Transaction, no "4" in Column 30, and leave hours used.

If any transaction or fields are entered other than as described above, unpredictable results will occur.

5.E. Special Situations

Revised 02-01-2000

E.3 How to Pay Deceased Employees.

A. For an employee who has died during the current calendar year:

1. If the P-1 has not cleared, make the employee time-card required on the A Screen.
2. Insure that all deductions are inactive on the K Screen except employee and employer retirement.
3. Enter a 923 for payment of wages unpaid at death. In column 30, enter a "2", indicating that FICA only should be withheld. Enter a "9" in column 31. Enter the hours with pay in columns 43-47. Enter the amount of money due for the regular pay in columns 52-58. Enter a "1" in column 59, indicating that columns 52-58 contain a two decimal place dollar amount to be paid.
4. If the decedent has a comp time balance, enter a 911 transaction. Enter a "2" in column 30. Enter a "9" in column 31, indicating that retirement should be withheld, but no other deductions. Enter a "3" in column 32 to issue a separate check. Enter the number of comp hours, up to 240, in columns 43-47.
5. If the decedent has an annual leave balance, enter a 917 transaction. Enter a "2" in column 30. Enter a "9" in column 31, if Teachers Retirement, or an "8" if KERS. Enter a "3" in column 32 to issue a separate check. Enter the total number of annual hours remaining (the carry over limit does not apply to employees who die) in columns 43-47.

The use of the "2" in column 30 will cause FICA/Medicare to be withheld. The FICA taxable fields will be updated. No Federal tax will be withheld and the non-taxable fields will be updated. No state tax will be withheld and no state taxable will be reported.

B. For an employee who has died in the prior calendar year:

1. For regular pay due, follow the instructions in A.1. above, except enter a "3" in column 30, indicating that no taxes should be withheld.
2. For comp time termination pay, follow the instructions in A.2. above, except enter a "3" in column 30, indicating that no taxes should be withheld.
3. For annual leave termination pay, follow the instructions in A.3. above, except enter a "3" in column 30, indicating that no taxes should be withheld.

The use of the "3" in column 30 will cause no tax to be withheld. The non-taxable fields will be updated.

In both situations above, the estate should receive a 1099-Misc form. In order to remind you that this form is necessary, you will be supplied, at the end of each calendar year, with a list of employees who had a payment generated with either a "2" or "3" in column 30.

ELIGIBILITY

- Both recipients and donors must meet the definition of “employee” in KRS 18A.196.
- A donor may not donate an amount of sick leave which would cause his/her sick leave balance to go below 75 hours.
- An employee becomes eligible to receive donated sick leave at the point in time when all four of the criteria below are met:
 1. The employee or member of his/her immediate family suffers from a “medically certified” illness, injury, impairment, or physical or mental condition which has caused, or is likely to cause, the employee to go on leave for at least ten consecutive working days;
 2. The employee’s need for absence is certified by a licensed practicing physician;
 3. The employee has exhausted all of his/her available paid leave; and
 4. The employee has complied with administrative regulations governing the use of sick leave.

Some important notes:

When working with any facet of the Sick Leave Sharing Program you must consider both the statute and the regulations.

Keep in mind that participation in the Sick Leave Sharing Program is subject to the approval of the appointing authority and the Secretary of the Personnel Cabinet.

Guidelines on Sick Leave Sharing Regulations

KRS 18A.197 and KAR 2:105 provide that in the event of a prolonged or catastrophic illness or injury, or an extended absence due to illness of a family member, eligible employees who accrue sick leave and who have exhausted their leave balances may have sick leave donated to them by other eligible state employees. The forms needed to receive or donate leave may be obtained from Personnel Administrators.

Listed below is the chronological flow of actions and documents.

1. **RECIPIENT COMPLETES APPLICATION AND SUBMITS IT ALONG WITH THE PHYSICIAN'S CERTIFICATION TO HIS PAYROLL OFFICER.** The payroll officer collects all information, and transmits the appropriate documents to the appointing authority.
2. **THE APPLICATION IS REVIEWED TO ENSURE THAT THE CERTIFICATION OF THE PHYSICIAN IS COMPLETE AND THE FORM IS CORRECTLY FILLED OUT.** Verify that the employee will exhaust his leave during the projected absence. Note that the employee does not have to have exhausted his leave before he submits the application. Also, note that the employee does not have to have already been off for 10 days in order to apply, but must have a situation where it is likely to cause an absence for at least 10 consecutive days. A file is created for the recipient by the payroll officer. All medical information must be kept in a locked file separate from the personnel files. A copy of the application is then sent to the Personnel Cabinet.
3. **DONOR(S) COMPLETES DONATION FORM AND SUBMITS TO HIS PAYROLL OFFICER.** The donor's payroll officer verifies the donor's leave balance for eligibility. After the form is signed by the appointing authority, a copy is sent to the recipient's payroll officer. The donor's payroll officer will hold the copy for the Personnel Cabinet until receiving the "Memo Concerning Donated Sick Leave" (a copy is attached) from the recipient's payroll officer. This shall serve as confirmation that the leave has been transferred. The donor's payroll officer must reduce the donor's sick leave balance in UPPS upon receipt of the memo from the recipient's payroll officer.
4. **RECEIVE AND FILE FORMS.** As the donation forms are received by the recipient's payroll officer, they are stamped with a received date, and the time of receipt is recorded on the form. The recipient's payroll officer will file the donor forms in the file for the appropriate recipient.
5. **PREPARE AND PROCESS PAYROLLS.** Upon certification of eligibility, all donated leave is to be added to recipient's sick leave balance in UPPS at the time the donation is received. As the employee utilizes leave for the Sick Leave Sharing qualifying condition he will be paid as usual, reporting sick leave used.
6. **SEQUENCE OF LEAVE USAGE.** Transfer all leave donated to the recipient at the time of donation, not on a pay period basis, up to the amount requested. As the recipient accrues leave of his own, his leave time must be used first. He can then use time donated to him. The recipient uses donated leave in the order in which it is received.

7. **RECIPIENT CAN RETAIN LEAVE AFTER RETURN TO WORK.** The recipient may retain the donated leave upon return to work only if the recipient documents that leave will be needed for continuing treatment relating to the condition which caused the individual's absence. For example, if the employee was absent due to surgery to remove a malignant tumor and returns to work, but will require periodic absences for radiation therapy, the excess leave may be retained for that purpose. However, the employee may not retain the excess leave to be used for any unrelated condition.
8. **SEQUENCE OF RESTORING UNUSED LEAVE TO DONORS.** When the recipient returns to work and the donated leave is no longer needed for the qualifying condition, excess leave shall be returned to donors in reverse order of donation (last donor's leave is returned first.) If the donor has left state employment, the returned hours should be credited to the inactive record for restoration if the employee was rehired.

5.F. Sick Leave Sharing

Revised 08-01-2000

MEMORANDUM

TO:

FROM:

SUBJECT: Memo Concerning Donated Sick Leave / Return of Unused Donated Sick Leave

DATE:

Sick Leave Donation

This is to certify that _____ hours of sick leave donated by _____
(name)

(ss#) (company #) (agency name) (phone)
were transferred to _____
(name) (ss#)

(company #) (agency name) (phone)
Please reduce the donor's sick leave balance accordingly.

Return of Unused Donated Sick Leave

This is to certify that _____ hours of sick leave donated by _____
(name)

(ss#) (company #) (agency name) (phone)
were unused by _____
(name) (ss#)

(company #) (agency name) (phone)
Please credit the employee sick leave balance accordingly.

Recipient's Payroll Officer's Name: _____

Payroll Officer's Phone #: _____

Company # _____, Agency Name _____, Phone _____

APPLICATION FOR SICK LEAVE SHARING

- ☐ ORIGINAL REQUEST
☐ AMENDED REQUEST

Name of Recipient: _____

Department: _____

Social Security Number: _____

Amount of Sick Leave Needed: _____

Please provide a reason transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency. (If this is an amended request, provide reason for extension.)

Please attach certification by one or more physicians of the medical reason that employee will be unable to perform the duties and responsibilities of his/her position for ten (10) or more consecutive working days or the reason for extension, if an amended request.

 Signature of Recipient or Representative

 Date

 Signature of Supervisor

 Date Received

The above named employee has been approved to receive donated sick leave in accordance with the provisions of KRS 18A.197.

 Signature of Appointing Authority

 Date

The Recipient's Appointing Authority must forward one copy of this form (without attached medical statement) to the Personnel Cabinet, Processing Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601.

SICK LEAVE DONATION FORM

Name of Donor: _____

Department: _____

Social Security Number: _____

Amount of Donation to be credited to Recipient: _____

(Employee must have 75 hours remaining after donation. Minimum amount employee may donate is 7.5 hours.)

Name of Recipient: _____

Department: _____

Social Security Number: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by KRS 18A.197.

Signature of Donor_____
Date

This is to certify that the employee named above has a sufficient sick leave balance to donate the hours indicated under the provisions of KRS 18A.197.

Signature of Appointing Authority_____
DateThe Donor's Payroll Officer must forward one copy of this form to the Recipient's Payroll Officer and one copy to the Personnel Cabinet, Files Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601.**TO BE COMPLETED BY DONOR'S PAYROLL OFFICER UPON RECEIPT**

Company Number: _____

Department Name: _____

Date _____

PAYROLL OFFICER**TO BE COMPLETED BY RECIPIENT'S PAYROLL OFFICER**

Recipient's current sick leave balance: _____ + _____ donation = _____ Recipient's New Sick Leave Balance

Company Number: _____

Department Name: _____

Date _____

PAYROLL OFFICER

Questions and Answers

Following are some of the most frequently asked questions and their answers.

1Q. Does the donor have to be an active employee?

A. Yes.

2Q. Can an employee on P-1 leave participate in the program?

A. Once an employee has been placed by P-1 on leave without pay that employee is no longer eligible to participate in the sick leave sharing program. The employee is no longer entitled to accrue sick leave so he does not meet the requirements in the statute.

3Q. Will the recipient accrue leave of his own while on donated sick leave?

A. Yes, however, the recipient's leave must be used first before a donor's time can be used.

4Q. Will the recipient have to reapply when he accrues leave?

A. No, the original application will remain in effect.

5Q. When do the applications get sent to the Personnel Cabinet?

A. The Application for Sick Leave Sharing and the Sick Leave Donation Form(s) are to be sent to the Personnel Cabinet upon approval by the respective agencies.

6Q. Are the recipient and the donation forms on one piece of paper?

A. No, they are separate forms.

7Q. How do payroll officers know where to send the appropriate forms?

A. A list of payroll officers and the departments they handle is available from the Personnel Cabinet.

8Q. If the application is received after regular payroll, can the payment for donated leave be processed on the system supplemental?

A. Yes.

9Q. When and how is donated leave credited to the recipient?

A. All donated leave should be added to the recipient's sick leave balance at the time of donation. The amount credited may not exceed the amount requested. Crediting of leave on a pay period by pay period basis is not authorized in the statute.

10Q. Who is responsible for monitoring the sick leave balance of the recipient?

A. An employee who is receiving donated sick leave is responsible for keeping track of leave balances and for all paperwork associated with the sick leave sharing program. It is not the responsibility of the personnel/payroll officer to notify donors or recipients of remaining leave balances.

11Q. When there are multiple donors, how do you know whose leave to use first?

A. The donor whose form is received first should have his leave used first.

5.F. Sick Leave Sharing

Added 10-01-95

- 12Q. Is an employee who can only work a fraction of the day due to a medical condition eligible to have leave donated?
- A. No, the doctor must certify that the employee cannot perform his work duties for a minimum of 10 working days. This means all day, not a portion of the work day. However, once an employee has qualified for sick leave sharing for a specific condition that employee is eligible to use donated leave intermittently for follow-up care and recurrence of the same condition (see 19.)
- 13Q. Is an employee who is on workers' compensation eligible for participation in this program?
- A. Employees drawing workers comp are eligible for sick leave sharing. This does not change the fact that the employee is not to receive full pay and workers comp. The donated sick leave would be used to make up the difference between the workers comp payment and the employee's normal pay. Sick leave, from whatever origin, could be restored by the employee signing over the workers comp check, per normal procedures.
- 14Q. Are all recipients of donated sick leave automatically eligible for state-paid health insurance?
- A. No. Keep in mind that the leave regulations (101 KAR 2:100 and 101 KAR 3:010) apply to employees participating in the sick leave sharing program, the same as any other employee. It is the responsibility of the payroll officer to ensure that only eligible employees are covered by the state share of health insurance. This may require stopping health insurance deductions in situations where the recipient does not meet the requirements.
- 15Q. Is the donation revocable?
- A. No. Once the donor's application is accepted, the donation cannot be withdrawn, unless the donor becomes ineligible.
- 16Q. Are LRC and AOC participating agencies?
- A. Yes, both organizations can donate to or accept leave from Executive Branch employees.
- 17Q. Are sworn personnel in State Police covered by KRS Chapter 16, participating in the sick leave sharing?
- A. Yes, they have elected to do so.
- 18Q. Does maternity leave qualify under this regulation?
- A. Yes, with medical certification.
- 19Q. Can the recipient continue to use donated leave upon return to work?
- A. Upon returning to work an employee may continue to use donated leave for follow-up treatments for the condition which made him/her eligible. For example: An employee who has cancer and requires follow-up treatment may continue to use donated leave to cover these absences. An employee who has received donated leave for pregnancy may continue to use this leave for any checkups and follow-up treatment relating to the pregnancy. However, this leave may not be used for the baby's checkups. Health issues with the baby necessitating extended absences would require a new application for sick leave donation and would require that the employee meet all qualifying criteria in relation to the baby's illness.

APPLICATION FOR FAMILY LEAVE

Employee Name _____

Social Security Number _____

Agency _____

Agency Address _____

Regular Hours worked Per Week _____

Home Address _____

Home Phone (_____) _____ Work Phone(_____) _____

Purpose of Family Leave _____

Attach REQUIRED supporting documentation.Anticipated duration of leave from _____ to _____
for a total of _____ work days.

In requesting family leave, I certify that all information on this application is true and that I will abide by the regulations governing family leave.

Employee Signature_____
Date**FOR AGENCY USE ONLY:**

Family Leave Approved _____ For Dates _____ to _____

Family Leave Denied _____

Family Leave Balance as of this date _____

Family Leave Designation Letter sent _____
Date_____
SIGNATURE OF APPOINTING AUTHORITY
OR DESIGNEE_____
DATE

CERTIFICATION OF HEALTH CARE PROVIDER
(Family and Medical Leave Act of 1993)

1. Employee's Name: _____
2. Patient's Name (if different from employee): _____
3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1)___ (2)___ (3)___ (4)___ (5)___ (6)___, or None of the above _____
4. Describe the medical facts which support our certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

- 5.a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity² if different): _____

- b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)? _____

If yes, give the probable duration: _____
- c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated² and the likely duration and frequency of episodes of incapacity²: _____

- 6.a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments: _____

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any: _____

- b. If any of these treatments will be provided by another provider of health services (e.g. physical therapist), please state the nature of the treatments: _____

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

² "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

5.G. Family and Medical Leave Act

Revised 08-01-00

- c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

- 7.a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind? _____

- b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)? _____ If yes, please list the essential functions the employee is unable to perform: _____

- c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment? _____

- 8.a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation? _____

- b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery? _____

- c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need: _____

(Signature of Health Care Provider)

(Type of Practice)

(Address)

(Telephone Number)

(Date)

THIS FORM WILL BE MAINTAINED IN A CONFIDENTIAL FILE SEPARATE FROM THE EMPLOYEE'S PERSONNEL FILE.

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or it will be necessary for you to work less than a full schedule:

(Employee Signature)

(Date)

ATTACHMENT

A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity² of more than three consecutive calendar days (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

(1) Treatment³ two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or

(2) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment⁴ under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care.

4. Chronic Conditions Requiring Treatments

A chronic condition which:

(1) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;

(2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and

(3) May cause episodic rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity² which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

³Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

⁴A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

ATTACHMENT

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6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity² of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

TO BE PUT ON AGENCY LETTERHEAD
(LETTER EXPLAINING FMLA)

(DATE)

TO:

(Employees name)

FROM:

(Name of appropriate employer representative)

SUBJECT: Family/Medical Leave

On _____, you notified us of your need to take leave due to:

- ☐ The birth of your child, or the placement of a child with you for adoption or foster care;
or
- ☐ A serious health condition that makes you unable to perform the essential functions of
your job; or
- ☐ A serious health condition affecting your spouse, child, or parent, for which you are
needed to provide care

You notified us that you need this leave beginning _____ and that you expect leave
to continue until on or about _____.

Except as explained below, upon exhaustion of your present leave balances and qualification of the mandated criteria, you have a right under the Family and Medical Leave Act (FMLA) for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

Employer Response to Employee**Page 2**

This is to inform you that:

1. You will ____ will not ____ be required to furnish medical certification of a serious health condition. If required, you must furnish certification by ____, (must be at least 15 days after you are notified of this requirement) or we may delay the commencement of your leave until the certification is submitted.
2. You will ____ will not ____ be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.

Under the terms of 101 KAR 2:102 Section 3 (6) (b), employees may request to reserve ten (10) days of accumulated sick leave before being placed on unpaid FMLA leave. If you wish to reserve up to ten (10) days of your accumulated sick leave, you must notify this office in writing before being placed on unpaid leave.

If it becomes necessary for you to take leave beyond the date of your paid leave balances, excluding the ten reserved sick days, this letter will be followed up with further instructions regarding procedures for placement on Family and Medical Leave.

QUESTIONS ABOUT FAMILY LEAVE

When on Family Leave without pay, does an employee's increment date change?

While there is no personnel action for Family Leave, it is considered the same as regular leave without pay (except for the fact that the state pays the state share of life and health insurance). Therefore, if an employee is off on Family Leave without pay for sufficient time to change the increment date if the employee were off on regular leave without pay, the increment date would change.

Does an employee on family leave without pay accrue leave and/or service credit?

While there is no personnel action for Family Leave, it is considered the same as regular leave without pay (except for the fact that the state pays the state share of life and health insurance). Therefore, an employee on Family Leave without pay does not accrue leave or service credit during this leave.

How does Family Leave apply to an employee who is receiving workers' compensation?

An employee who is receiving workers' compensation and has exhausted all paid leave may use up to his/her balance of Family Leave on a day for day basis in order to maintain the state share of health and life insurance.

When an employee is on leave without pay by a personnel action, is that employee eligible for Family Leave?

An employee who has been placed on leave without pay by a personnel action (including workers' comp recipients) is not eligible for Family Leave unless a personnel action removes him/her from unpaid status and all other criteria are met.

Is an employer required to allow intermittent leave for caring for a newborn child?

An employer may, but is not required to, approve intermittent leave for the purposes of caring for a newborn or a newly placed foster or adopted child. This does not affect the fact that an employee is entitled to work a reduced schedule (or to take intermittent leave) due to a qualifying illness or injury or when it is necessary to care for an ill family member (as defined in the FMLA).

Are employees eligible for holiday pay when on Family Leave?

Yes, an employee on Family Leave is eligible to be paid for any holidays which occur during the Family Leave. The holidays are to be counted as part of the twelve (12) weeks for which the employee is eligible.

Will paid leave hours substitute for hours worked in meeting the 1250 hours needed to qualify for Family Leave?

Yes, the employee must have worked, or been on paid leave.

What 12 months is considered when determining the 1250 hours in the preceding calendar year?

To be eligible for Family Leave, the employee must have worked or been on paid leave 1250 hours in the 12 months preceding the first day of FMLA leave.

An employee has been on Family Leave Without Pay and is unable to return to work at the end of his 12-week eligibility. When the Personnel Action (P-1) is initiated, what effective date should be used for the official leave without pay?

Due to the Federal requirements in the Family and Medical Leave Act prohibiting the reduction of benefits, the effective date of the personnel action should be the day after the Family Leave ends.

Can leave be designated as FMLA leave after the leave is used?

In order to deduct leave from an employee's twelve weeks of eligibility, the employee or employer must designate leave as FMLA when the employee applies for that leave or when the employer determines that the leave qualified for FMLA, if this happens later. The employer's designation must be made before the leave starts, or before an extension of the leave is granted, unless the employer does not have sufficient information as to the employee's reason for taking the leave until after the leave began. In no event may an employer designate leave as FMLA leave after the leave has ended unless the employee requests it within two business days of returning to work.

The following situation occurs in your agency. What would you do? An employee has been off for a FMLA-qualifying event since May 17. It is now July 1 and no one has designated this past six weeks as Family Medical Leave (FML). She informs her supervisor that she will be unable to return to work for a few more weeks. At that point FML is discussed, but upon checking the employee's eligibility it is discovered that she has not worked 1250 hours in the 12 months immediately preceding July 1. If the FML had been designated on May 17, the employee would have met the eligibility criteria (she did work 1250 hours in the 12 months immediately preceding May 17).

According to the Wage and Hour Division of the U.S. Department of Labor you must designate the leave on July 1 and you may not subtract any time used prior to that date from the 12 weeks of eligibility.

MEMORANDUM

TO:

FROM:

SUBJECT: Memo Concerning Donated Annual Leave / Return of Unused Donated Annual Leave

DATE:

Annual Leave DonationThis is to certify that _____ hours of annual leave donated by _____,
(name)_____, _____, _____, _____,
(ss#) (company #) (agency name) (phone)were transferred to _____, _____,
(name) (ss#)_____, _____, _____,
(company #) (agency name) (phone)**Please reduce the donor's annual leave balance accordingly.****Return of Unused Donated Annual Leave**This is to certify that _____ hours of annual leave donated by _____,
(name)_____, _____, _____, _____,
(ss#) (company #) (agency name) (phone)were unused by _____, _____,
(name) (ss#)_____, _____, _____,
(company #) (agency name) (phone)**Please credit the employee annual leave balance accordingly.**

Recipient's Payroll Officer's Name: _____

Payroll Officer's Phone #: _____

Company # _____, Agency Name _____, Phone _____

APPLICATION FOR ANNUAL LEAVE SHARING☐ ORIGINAL REQUEST☐ AMENDED REQUEST**Name of Recipient:** _____**Department:** _____**Social Security Number:** _____**Amount of Annual Leave Needed:** _____

Please provide a reason transferred leave is needed, including a brief description of cause, property lost, and anticipated duration of the leave needed. (If this is an amended request, provide reason for extension.)

Signature of Recipient or Representative_____
Date_____
Signature of Supervisor_____
Date Received

The above named employee has been approved to receive donated annual leave in accordance with the provisions of K.R.S. 18A.203 and 101KAR 2:106.

Signature of Appointing Authority_____
Date

The Recipient's Appointing Authority must forward one copy of this form to the Personnel Cabinet, Processing Branch, Room 531, 5th Floor, 200 Fair Oaks lane, Frankfort, Kentucky 40601.

ANNUAL LEAVE DONATION FORM

Name of Donor: _____

Department: _____

Social Security Number: _____

Amount of Donation to be credit to Recipient: _____

(Eligible Employee shall not receive more than 20 working days. Minimum employee may donate is 7.5 hours.)

Name of Recipient: _____

Department: _____

Social Security Number: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by 101 KAR 2:106.

Signature of Donor_____
Date

This is to certify that the employee named above has a sufficient annual leave balance to donate the hours indicated under the provisions of 101 KAR 2:106.

Signature of Appointing Authority_____
Date

The Donor's Payroll Officer must forward one copy of this form to the Recipient's payroll Officer and one copy to the Personnel Cabinet, Files Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601.

TO BE COMPLETED BY DONOR'S PAYROLL OFFICER UPON RECEIPT

Company Number: _____

Department Name: _____

Date _____

PAYROLL OFFICER

TO BE COMPLETED BY RECIPIENT'S PAYROLL OFFICER

Recipient's current annual leave balance: _____ + _____ = _____ Recipient's New Annual Leave Balance

Company Number: _____

Department Name: _____

Date _____

PAYROLL OFFICER